## CD-579 **U. S. DEPARTMENT OF COMMERCE** (12/02)FREIGHT TRANSPORTATION SERVICE ORDER This government shipment is subject to terms and conditions of 41 CFR 102-117 and 118. This is to confirm a request for the following transportation and or related transportation services. 2. Organization Reference Number (optional): 3. Bill of Lading No.: 1. Date: 4. Issuing Office: TRANSPORTATION SERVICE PROVIDER **Contact Name:** Telephone: Fax: 6. Address; Complete Carrier Name, SCAC and Address: 7. City: 8. State: 9. ZIP: 11. Phone: 10. POC Name: FAX: 12. ACCOUNTING INFORMATION: **Shipment Information** 13. From: Origin (Consignor) 14. To: Destination (Consignee) Organization/Business: Organization/Business: Attn (POC): Attn (POC): Street Address: Street Address: City: State: ZIP: City: State: ZIP: Country: Country: Phone: Fax: Phone: Fax: Email address: Email address: 15. Date Available for Shipment: 16. Required Delivery Date: 18. Carrier Way/Freight Bill No.: 17. Driver Signature: Date: **Description of Articles to be Shipped** 19. Ν

),	PACKAGE	НМ			20. WEIGHT		·	·	
0.	KIND		Description, Dimensions & Weight of all items to be shipped (use clear, non-technical terms):	echnical terms):			FOR USE OF BILLING CARRIER ONLY		
			CLASSIFICATION ITEM NO.		(POUNDS ONLY	SERVICES	Rates	Charges	
	21. TOTAL COST ESTIMATE				TOTAL CHARGES:				
			ZI. TOTAL GOOT ESTIMATE		10	TAL OHAROLO.			
. TENDER /SPECIAL RATE AUTHORITY				23. Remarks					
				25. Remarks					
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١	. Bill Charges To:								